

FILED JAN 13 1951

STANDARD CERTIFICATE OF DEATH

State File No. 42632
10993

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. 4003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY 0				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY 2123			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary				d. STREET ADDRESS (If rural, give location) 12 4602a Page Blvd.			
3. NAME OF DECEASED (Type or Print)		a. (First) Lillian		b. (Middle) Elizabeth Courtney		c. (Last) Moseley	
4. DATE OF DEATH		(Month) Dec.		(Day) 22		(Year) 1950	
5. SEX Female 3	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 22, 1916	9. AGE (In years last birthday) 34	10. MONTHS 9	11. DAYS 22	12. IF UNDER 18 Hrs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Atlanta, Ga.,		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME William Theodore Courtney		13b. MOTHER'S MAIDEN NAME Lillian Barnett Cotton		14. NAME OF HUSBAND OR WIFE George Robert Moseley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Robert Moseley 4602a Page Blvd.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Lower nephron nephrosis with shock DUE TO (c) Diabetes mellitus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cyesis - Puerperium				INTERVAL BETWEEN ONSET AND DEATH 48 hrs. 72 hrs. 18 mos. 36 & 38 wks.	
19a. DATE OF OPERATION 12-15-50		19b. MAJOR FINDINGS OF OPERATION Cesarean Section				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 678.5			
22. I hereby certify that I attended the deceased from 12-15, 1950, to 12-22, 1950, that I last saw the deceased alive on 12-22, 1950, and that death occurred at 4:20 a.m., from the causes and on the date stated above.							
23a. SIGNATURE S. R. Barrett M.D.				23b. ADDRESS 1409 N. Euclid Ave		23c. DATE SIGNED 12-23-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		24b. DATE 12-28-50		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.,	
DATE REC'D BY LOCAL REG. DEC 24 1950		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE E. B. KOONCE		ADDRESS 1221 N. Grand	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 47515

P. O. Address 1221 72 St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.